



**APPLICATION FOR TESTING
AND FOR A NEW LICENSE TO PRACTICE
EMS PATIENT CARE**

1. **Name:** _____
(Last Name) (First Name) (MI)

2. **Mailing Address:** _____
City: _____ **State:** _____ **Zip:** _____

3. **Daytime Phone#:** (____) _____

4. **E-mail :** _____

5. **Date of Birth:** ____/____/____ (If applicant is under 18 years of age, complete section 15)

6. **Social Security #:** _____ - _____ - _____ The following statement is made pursuant to the Privacy Act of 1974, §7(b): Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA §175 as authorized by the Tax Reform Act of 1976 (46 USC, §405(c)(2)(C)(i)) and for child support enforcement purposes pursuant to 42 USC § 666(a)(13)(A) and 19-A M.R.S.A. §§2104, 2201. Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes and/or to the Department of Human Services Division of Support Enforcement and Recovery for use in child support enforcement procedures. No further use will be made of your social security number. It shall be treated as confidential tax information pursuant to 36 MRSA §191 and confidential support enforcement information pursuant to 19-A MRSA §2152.

7. **Do you now hold, or have you ever held, a Maine EMS license at any level?**

Yes: _____

No: _____

If you answered "yes" to number 6 above, what is the:

License number? _____ License level? _____ Expiration date? _____

8. **For what license level are you applying?**

____ First Responder

____ EMT- Basic

____ EMT – Intermediate

____ EMT - Paramedic

9. **What type of training are you using for licensure?**

____ **Maine EMS approved initial course** (Section #10, below, must be completed by the regional coordinator of the Maine EMS region in which you completed your course. Section #11 must be completed by the Maine EMS Exam Proctor and Exam Administrator who administered your written and practical exams. Please skip section 12 if you completed a Maine EMS approved initial course and Maine EMS state written and practical exam)

____ **Other** (If you are applying for a license based upon reciprocity for a license or course from another state, skip sections 10, and 11, and complete sections 12, 13, 14 – if applicable, and 15)

For Regional Office Use Only

☐ NR Exam Check Rec'd
Amt: _____ Ck# _____

☐ NR Exam Check Rec'd
Amt: _____ Ck# _____

☐ NR Exam Check Rec'd
Amt: _____ Ck# _____

☐ MEMS Exam Check Rec'd
Amt: _____ Ck# _____

☐ MEMS Exam Check Rec'd
Amt: _____ Ck# _____

☐ MEMS Exam Check Rec'd
Amt: _____ Ck# _____

For Maine EMS Office Use Only:

☐ Logged
☐ Entered
☐ Flagged
☐ Issued

☐ SBI Fee Rec'd
☐ SBI ✓ Req: _____
SBI ✓ Rec'd: _____

☐ DMV ✓ Req: _____
☐ DMV ✓ Rec'd: _____

Approved by: _____
Course date: _____
Test date: _____
Skills lab date: _____
Refresher date: _____
CEH date: _____
Reciprocity State: _____

Comments: _____

10. **Verification of Course Completion** – This section must be completed by the Maine EMS Regional Office that conducted the course. If the course was not conducted by a Maine EMS regional council, attach a copy of your course certificate

Course Level: ☐ First Responder ☐ EMT-Basic
 ☐ EMT-Intermediate ☐ EMT-Paramedic

Course # (enter 13 digit Maine EMS course #): _____

Signature of Regional Coordinator or designee: _____ Date: _____

11. **Verification of Maine EMS State Licensure Exam**

Written Exam Verification (to be completed only by a Maine EMS Exam Proctor):

Region: _____ Date Administered: _____ Exam Administrator: _____

Score: _____ Pass Fail Exam Administrator: _____

Region: _____ Date Administered: _____ Exam Administrator: _____

Score: _____ Pass Fail Exam Administrator: _____

Region: _____ Date Administered: _____ Exam Administrator: _____

Score: _____ Pass Fail Exam Administrator: _____

Practical Exam Verification (to be completed only by a Maine EMS Exam Administrator):

Region _____ Date _____ Pass Fail Incomplete Retest Station #: _____

Signature of Exam Administrator: _____

Region _____ Date _____ Pass Fail Incomplete Retest Station #: _____

Signature of Exam Administrator: _____

Region _____ Date _____ Pass Fail Incomplete Retest Station #: _____

Signature of Exam Administrator: _____

12. **Out-of-State Training Courses/Exams/Licenses Submitted to Maine EMS for Approval.** This section is to be completed **only** if the applicant has not completed a State of Maine course and exam.

IMPORTANT NOTE: APPLICANTS REQUIRED TO COMPLETE THIS SECTION FOR INITIAL MAINE STATE LICENSURE MUST ENCLOSE, WITH THEIR APPLICATION PACKAGE, A NON-REFUNDABLE ADMINISTRATIVE FEE OF \$25.00 FOR FIRST RESPONDER AND EMT-BASIC LEVELS AND \$50.00 FOR APPLICANTS APPLYING AT THE EMT-INTERMEDIATE OR PARAMEDIC LEVELS. PLEASE MAKE YOUR CHECK OR MONEY ORDER PAYABLE TO: TREASURER, STATE OF MAINE.

a. Are you currently licensed/certified in another State? _____ YES _____ NO

If you answered "Yes" above:

i. In what State was your license /certificate issued? _____ (Attach copy of State License/Certification)

ii. Was the license issued based upon training completed in the State of issue or based upon reciprocity from another state?

_____ Based upon Training _____ Based upon reciprocity from: _____

b. Are you currently Nationally Registered? _____ YES _____ NO

If you answered "Yes" above, attach a copy of your National Registry certificate.

c. If you answered "Yes" to a or b above, was your state license or National Registry based upon completion of a standardized program following DOT guidelines, or, based upon a combination of training and allied healthcare experience/licensure?

_____ Based upon a standardized course _____ Based upon training and allied healthcare experience/licensure

d. If you are not currently licensed in another state or Nationally Registered, submit the following to Maine EMS :

➤ **Course completion certificate with outline(s) and syllabus**

List completion date of the course that you are submitting for approval. _____

➤ **Name, address, and contact person/telephone number of the training entity where you received your EMS education.**

Name of training facility: _____

Address: _____

City, State & Zip: _____

Name & Title of Contact Person: _____

Telephone Number of Contact Person: _____

➤ **Certification of Out-of-State Testing**

In what State did you complete the exam that you are submitting for approval? _____

What was the date of the exam? _____

13. History of convictions, pending charges, or action taken against a professional license - Completion of this section is required if: you have been convicted of any criminal offense including but not limited to Operating Under the Influence; you have been found to have committed a civil drug offense; charges are pending against you in any state or federal court or, you have ever had any action taken, or action pending against a professional license you now hold, or have ever held. Please provide the information requested below *(Attach additional sheets if necessary)*:

a. Have you ever been convicted of any criminal offense (including, but not limited to Operating Under the Influence)? ___ Yes ___ No

b. Have you ever been found to have committed a civil infraction involving use or possession of illegal drugs? ___ Yes ___ No

c. Are charges pending against you in any state or Federal court? ___ Yes ___ No

d. Have you ever had any action taken, or is action pending, against any professional license or certification you currently hold or have ever held? ___ Yes ___ No

If you answered yes to either a, b, c or d above, you must provide the information requested below.

Type/Name of Offense or Action:	Date of Offense or Action:	Location of Offense or Action:	Name of Authority/Court:	Action Taken:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

14. Parental Consent For an Applicant Less Than 18 Years of Age (NOTE: Service(s) must have a Maine EMS approved Junior Supervision Plan).

I understand the responsibilities of EMS licensure, the working conditions involved, and the system of supervision employed by the service(s) with which the applicant will be practicing emergency medical care, and permit Maine EMS to license the applicant in this capacity.

Printed Name of Parent/Legal Guardian: _____

Signature of Parent /Legal Guardian: _____

Date: _____

Name of EMS Service(s) with whom the applicant will be practicing emergency medical care:

Certification

15. I certify that the statements contained in this application are correct to the best of my knowledge and that I am eligible for licensure at the level requested in accordance with Maine statutes and EMS rules. I understand that this license, as issued, allows me to administer only those treatments authorized under the Maine EMS Rules governing this licensure level and by the Maine EMS protocols governing this licensure level. I understand that the Maine EMS systems Quality Assurance /Quality Improvement (QA/QI) process is an integral part of being a licensed Maine EMS provider and agree to participate in the Maine EMS QA/QI system in accordance with criteria approved and published by the Board. I understand and agree that QA/QI information pertaining to me may be shared amongst recognized participants within the Maine EMS QA/QI system. I also understand that making a false statement that I do not believe to be true on this application or knowingly creating or attempting to create a false impression by omitting information necessary to prevent this application from being misleading constitutes a criminal offense, and may be prosecuted as, among other offenses, unsworn falsification pursuant to 17-A M.R.S.A. § 453 (Class D) and may also result in disciplinary action against my license by Maine EMS.

Signature of applicant: _____

Date: _____

Before you mail in your application Make sure that you:

- **Complete all required sections by clearly printing (in ink) or typing the requested information;**
- **Attach all required documentation for issuance of your license;**
- **For applications received after October 1, 2003: Attach a check in the amount of \$15. made payable to: *Treasurer, State of Maine* to cover the cost of the required criminal conviction background report;**
- **If you are requesting a license by reciprocity, attach a check for the appropriate administrative fee (\$25. First Responder & Basic EMT, \$50. EMT-Intermediate & EMT-Paramedic);**
- **Read and understand the certification statement and sign the application (in ink).**

Return your signed application (photocopied signatures cannot be accepted) to:

**Maine EMS
16 Edison Drive
Augusta, ME 04330
Tel (207) 287-3953.**

Please allow 2 weeks for processing.